| AMENDMENT OF SOLICITATI  | ON/MODIFICATI                | ON OF CONTRA                     | ACT              | 1. Contract I            |                    | Page 1 Of 9                   |
|--|------------------------------|----------------------------------|------------------|--------------------------|--------------------|-------------------------------|
| 2. Amendment/Modification No.  | 3. Effective Date            | 4. Requisition/Purcha            | se Req           | 1                        |                    | (If applicable)               |
| P00005   | 2004AUG05                    | SEE SCHED                        | ULE              |                          |                    |                               |
| 6. Issued By   | Code W56HZV                  | 7. Administered By (I            |                  | than Item 6)             |                    | Code S3605A                   |
| TACOM WARREN   |                              | DCMA DAYTON                      |                  |                          |                    |                               |
| AMSTA-AQ-ABGB  |                              | AREA C, BUILDI                   |                  |                          |                    |                               |
| AL TRACIAK (586)574-7869<br>WARREN, MICHIGAN 48397-5000                                    |                              | 1725 VAN PATTO<br>WRIGHT PATTERS |                  |                          | 302                |                               |
| HTTP://CONTRACTING.TACOM.ARMY.MIL  |                              |                                  |                  | .,                       |                    |                               |
| EMAIL: TRACIAKA@TACOM.ARMY.MIL   |                              | SCI                              | <b>)</b> C       | PAS NONE                 | ADP                | РТ но0337                     |
| 8. Name And Address Of Contractor (No., Stre   | et, City, County, State and  | L                                | $\frac{1}{\Box}$ |                          | nt Of Solicitation |                               |
| ONEIL & ASSOCIATES, INC.   | ,,,                          |                                  | Ш                |                          |                    |                               |
| 495 BYERS ROAD   |                              |                                  |                  | 0D D-4-J (C              | T4 11)             |                               |
| MIAMISBURG, OH. 45342-3662   |                              |                                  |                  | 9B. Dated (See           | item 11)           |                               |
|  |                              |                                  | Х                | 10A. Modificat           | tion Of Contrac    | t/Order No.                   |
|  |                              | _                                |                  | DAAE07-03-C-             | T 0.1 E            |                               |
| TYPE BUSINESS: Other Small Business  | Performing in U.S.           |                                  | -                | 10B. Dated (Se           |                    |                               |
| Code 83007 Facility Code   |                              |                                  |                  | 2003AUG08                | e item 13)         |                               |
|  | HIS ITEM ONLY APPLI          | ES TO AMENDMENTS                 | S OF SO          | OLICITATION              | S                  |                               |
| The above numbered solicitation is amend   | led as set forth in item 14. | The hour and date spec           | cified fo        | or receipt of Off        | fers               |                               |
| is extended, is not extended.  |                              | •                                |                  | •                        |                    |                               |
| Offers must acknowledge receipt of this ame  |                              |                                  |                  |                          |                    |                               |
| (a) By completing items 8 and 15, and return offer submitted; or (c) By separate letter or |                              |                                  |                  |                          |                    |                               |
| ACKNOWLEDGMENT TO BE RECEIVED  | 0                            |                                  |                  |                          |                    |                               |
| SPECIFIED MAY RESULT IN REJECTIO   |                              |                                  |                  |                          |                    |                               |
| change may be made by telegram or letter, propering hour and date specified.               | provided each telegram or    | ietter makes reference i         | o the so         | nicitation and t         | ms amendment,      | and is received prior to the  |
| 12. Accounting And Appropriation Data (If rec  | quired)                      |                                  |                  |                          |                    |                               |
| SEE SECTION G  |                              |                                  |                  |                          |                    |                               |
|  | ITEM ONLY APPLIES T          |                                  |                  |                          | DERS               |                               |
| A. This Change Order is Issued Pursual   |                              | act/Order No. As Descri          | bed In           |                          | ongos Sot Forth    | In Item 14 Are Made In        |
| The Contract/Order No. In Item 10  |                              |                                  |                  | The Ch                   | langes Set Forth   | i ili itelli 14 Are viaue ili |
| B. The Above Numbered Contract/Orde<br>Set Forth In Item 14, Pursuant To T                 |                              |                                  | nges (su         | ıch as changes i         | n paying office,   | appropriation data, etc.)     |
| C. This Supplemental Agreement Is Ent  | tered Into Pursuant To Au    | thority Of:                      |                  |                          |                    |                               |
| D. Other (Specify type of modification a   | and authority) Option Pr     | covision H.1.1                   |                  |                          |                    |                               |
| E. IMPORTANT: Contractor X is not,   | is required to sign          | n this document and retu         | ırn              | c                        | copies to the Issu | ing Office.                   |
| 14. Description Of Amendment/Modification (  | Organized by UCF section     | headings, including soli         | citatior         | /contract subje          | ct matter where    | e feasible.)                  |
| SEE SECOND PAGE FOR DESCRIPTION  |                              |                                  |                  |                          |                    |                               |
|  |                              |                                  |                  |                          |                    |                               |
|  |                              |                                  |                  |                          |                    |                               |
|  |                              |                                  |                  |                          |                    |                               |
|  |                              |                                  |                  |                          |                    |                               |
|  |                              |                                  |                  |                          |                    |                               |
|  |                              |                                  |                  |                          |                    |                               |
| Except as provided herein, all terms and condi-<br>and effect.                             | tions of the document refe   | renced in item 9A or 10A         | A, as he         | retofore change          | ed, remains unc    | hanged and in full force      |
| 15A. Name And Title Of Signer (Type or print)  | )                            | 16A. Name And                    | l Title (        | Of Contracting           | Officer (Type o    | r print)                      |
|  |                              | WYMAN E. YOU                     | JNG II           | .MIL (586)574            |                    |                               |
| 15B. Contractor/Offeror  | 15C. Date Signed             |                                  |                  |                          |                    | 16C. Date Signed              |
| -  | g                            |                                  |                  |                          |                    |                               |
| (Signature of person authorized to sign)   | _                            | By(Sign                          | ature e          | /SIGNED/ f Contracting C | Officer)           | 2004AUG05                     |
| NSN 7540-01-152-8070   |                              | 30-105-02                        | atu1 t 0         |                          |                    | ORM 30 (REV. 10-83)           |

#### Reference No. of Document Being Continued

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Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC.

SECTION A - SUPPLEMENTAL INFORMATION

A-1

Program: EMS Development, Maintenance, and Support

Purpose: Exercise Partial 1st Option Period Call-up IAW Provisions B.3.1 and H.1.1.

Previous Contract Amount: \$1,654,448.00

Net Amount of This Action: \$ 105,000.00

Total Contract Amount: \$1,759,448.00

- 1. This Modification P00005 is a unilateral modification to Contract DAAE07-03-C-L015 to exercise Option Provision H.1.1 for a total of 1,163 level-of-effort (LOE) hours.
- 2. This modification exercises an option for a total of 1,163 level-of-effort hours for EMS technical support under WD 005, and establishes CLINs 0005, 0006, and 0007 with their associated SLINs 0006AA, 0007AA, and 0008AA. The total cost on WD 005 will increase by \$96,196.09 from \$153,254.88 to \$249,450.97.
- 3. As a result of the exercise of the option, the total contract estimated cost and fixed fee are increased by \$105,000.00 (\$96,196.09 in estimated cost and \$8,803.91 in fixed fee), from \$1,654,448.00 to \$1,759,448.00.
- 4. The level-of-effort (LOE) hours, cost and fee for Work Directive WD 005 and associated CLINs are added as follows:

| Work             |          |        | Authorized       | Estimated    | Fixed      |              |
|------------------|----------|--------|------------------|--------------|------------|--------------|
| <u>Directive</u> | Revision | CLIN   | LOE <u>Hours</u> | Cost         | <u>Fee</u> | <u>Total</u> |
| 005              | 1        | 0006AA | 55               | \$ 4,583.65  | \$ 416.35  | \$ 5,000.00  |
|                  |          | 0007AA | 554              | \$ 45,806.22 | \$4,193.78 | \$ 50,000.00 |
|                  |          | AA8000 | 554              | \$ 45,806.22 | \$4,193.78 | \$ 50,000.00 |

- 5. Provision B.3.1 is revised to reflect the exercise of 1,163 1st Option hours from the 36,000 available, leaving 20,292 hours.
- 6. Accounting and Appropriation Data is added to Section G to reflect the funding added by this modification.
- 7. Except as specifically provided in this Modification P00005, all other terms and conditions of the contract, as previously modified, remain unchanged.

\*\*\* END OF NARRATIVE A 005 \*\*\*

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Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC.

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT         |
|---------|---|----------|------|------------|----------------|
|         | SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS   |          |      |            |                |
| 0001AA  | SERVICES LINE ITEM  |          |      |            | \$1,000,000.00 |
|         | NOUN: CONVERT/RECONSTRUCT EMS DATA PRON: EH31W074EH PRON AMD: 01 ACRN: AA AMS CD: 423829.0000 CUSTOMER ORDER NO: MIPR3EATADL020 |          |      |            |                |
|         | Inspection and Acceptance INSPECTION: Destination   |          |      |            |                |
| 0003AA  | SERVICES LINE ITEM  |          |      |            | \$60,054.00    |
|         | NOUN: EMS PRON: EH31W203EH PRON AMD: 03 ACRN: AB AMS CD: 42382900000  |          |      |            |                |
|         | Inspection and Acceptance INSPECTION: Destination ACCEPTANCE: Destination   |          |      |            |                |
| 0004AA  | SERVICES LINE ITEM  |          |      |            | \$\$           |
|         | NOUN: STRYKER EMS EFFORT-BLOCK UPG PRON: X13GX264X1 PRON AMD: 01 ACRN: AC AMS CD: 31107180008                                   |          |      |            |                |
|         | Inspection and Acceptance INSPECTION: Destination ACCEPTANCE: Destination   |          |      |            |                |
| 0005AA  | SERVICES LINE ITEM  |          |      |            | \$             |
|         | NOUN: EMS/IETM PRON: EH31W238EH PRON AMD: 04 ACRN: AB AMS CD: 42382900000   |          |      |            |                |
|         | Inspection and Acceptance INSPECTION: Destination   |          |      |            |                |
| 0006    | DELIVERABLE SERVICE   |          |      |            |                |
|         | NOUN: WORK DIRECTIVE 002 SECURITY CLASS: Unclassified   |          |      |            |                |
|         |   |          |      |            |                |

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Name of Offeror or Contractor: ONEIL & ASSOCIATES,

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT     |
|---------|---|----------|------|------------|------------|
|         | Contractor shall furnish all the supplies and services to accomplish the tasks specified in the Section C "Work Statement".  1st Option Period APA Funding CLIN |          |      |            |            |
|         | (End of narrative B001)   |          |      |            |            |
| 0006AA  | SERVICES LINE ITEM  |          |      |            | \$5,000.00 |
|         | NOUN: M88A2 IETM SOFTWARE PRON: P136L0492T PRON AMD: 01 ACRN: AD AMS CD: 31203700016  |          |      |            |            |
|         | The level-of-effort is 55 hours.  |          |      |            |            |
|         | Estimated Cost \$ 4,583.65<br>Fixed Fee: \$ 416.35<br>Total Cost: \$ 5,000.00   |          |      |            |            |
|         | (End of narrative B001)   |          |      |            |            |
|         | Inspection and Acceptance INSPECTION: Destination   |          |      |            |            |
|         | Deliveries or Performance  DLVR SCH PERF COMPL  REL CD QUANTITY DATE  001 0 SEE SECTION F  \$ 5,000.00  |          |      |            |            |
|         |   |          |      |            |            |
| 0007    | DELIVERABLE SERVICE  NOUN: EMS SUPPORT PM HEAVY  SECURITY CLASS: Unclassified   |          |      |            |            |
|         | Contractor shall furnish all the supplies and services to accomplish the tasks specified in the Section C "Work Statement".  1st Option Period APA Funding CLIN |          |      |            |            |
|         | (End of narrative B001)   |          |      |            |            |
|         |   |          |      |            |            |

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Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC.

| OUN: EMS SUPPORT FOR PM HEAVY RON: J632D475J6 PRON AMD: 01 ACRN: AE MS CD: 51108309009  The level-of-effort is 554 hours.  Estimated Cost \$ 45,806.22 Fixed Fee: \$ 4,193.78 Total Cost: \$ 50,000.00  (End of narrative B001) |   |   |   | \$   |
|---|---|---|---|--|
| RON: J632D475J6 PRON AMD: 01 ACRN: AE MS CD: 51108309009  The level-of-effort is 554 hours.  Estimated Cost \$ 45,806.22 Fixed Fee: \$ 4,193.78 Total Cost: \$ 50,000.00  (End of narrative B001)                               |   |   |   |  |
| Estimated Cost \$ 45,806.22  Fixed Fee: \$ 4,193.78  Total Cost: \$ 50,000.00  (End of narrative B001)  |   |   |   |  |
| Fixed Fee: \$ 4,193.78  Total Cost: \$ 50,000.00  (End of narrative B001)   |   |   |   |  |
|   |   |   |   |  |
| nspection and Acceptance  |   |   |   |  |
| NSPECTION: Destination ACCEPTANCE: Destination  |   |   |   |  |
| eliveries or Performance  LVR SCH PERF COMPL  REL CD QUANTITY DATE  001 0 SEE SECTION F  \$ 50,000.00   |   |   |   |  |
| ELIVERABLE SERVICE<br>OUN: EMS SUPPORT - FMTV<br>ECURITY CLASS: Unclassified  |   |   |   |  |
| (End of narrative B001)   |   |   |   |  |
| ntractor shall furnish all the supplies<br>d services to accomplish the tasks specified<br>the Section C "Work Statement".<br>C Option Period APA Funding CLIN  |   |   |   |  |
| (End of narrative B002)   |   |   |   |  |
| ERVICES LINE ITEM   |   |   |   | \$50,000.00  |
| eilv<br>RI  | Liveries or Performance  WR SCH PERF COMPLED CD QUANTITY DATE  001 0 SEE SECTION F  \$ 50,000.00  LIVERABLE SERVICE  UN: EMS SUPPORT - FMTV  CURITY CLASS: Unclassified  (End of narrative B001)  Tractor shall furnish all the supplies services to accomplish the tasks specified he Section C "Work Statement".  Option Period APA Funding CLIN  (End of narrative B002) | Liveries or Performance  VR SCH PERF COMPL  EL CD QUANTITY DATE  001 0 SEE SECTION F  \$ 50,000.00  LIVERABLE SERVICE  UN: EMS SUPPORT - FMTV  CURITY CLASS: Unclassified  (End of narrative B001)  Tractor shall furnish all the supplies services to accomplish the tasks specified he Section C "Work Statement".  Option Period APA Funding CLIN  (End of narrative B002) | Liveries or Performance  WR SCH PERF COMPL SL CD QUANTITY DATE  001 0 SEE SECTION F  \$ 50,000.00  LIVERABLE SERVICE  UN: EMS SUPPORT - FMTV  CURITY CLASS: Unclassified  (End of narrative B001)  ractor shall furnish all the supplies services to accomplish the tasks specified he Section C "Work Statement".  Option Period APA Funding CLIN  (End of narrative B002) | Liveries or Performance  OR SCH PERF COMPL  LIVE CD QUANTITY DATE  001 0 SEE SECTION F  \$ 50,000.00  LIVERABLE SERVICE  UN: EMS SUPPORT - FMTV  CURITY CLASS: Unclassified  (End of narrative B001)  ractor shall furnish all the supplies services to accomplish the tasks specified he Section C "Nork Statement".  Option Period APA Funding CLIN  (End of narrative B002) |

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Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC.

|   | <b>†</b> | + | UNIT PRICE | AMOUNT |
|---|----------|---|------------|--------|
| NOUN: EMS SUPPORT - FMTV PRON: J045Z072J0 PRON AMD: 01 ACRN: AF AMS CD: 51106866006   |          |   |            |        |
| The level-of-effort is 554 hours.   |          |   |            |        |
| Estimated Cost \$ 45,806.22  Fixed Fee: \$ 4,193.78  Total Cost: \$ 50,000.00   |          |   |            |        |
| (End of narrative B001)   |          |   |            |        |
| <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination  |          |   |            |        |
| Deliveries or Performance           DLVR SCH         PERF COMPL           _REL CD         QUANTITY         DATE           001         0         SEE SECTION F |          |   |            |        |
| \$ 50,000.00  |          |   |            |        |
|   |          |   |            |        |
|   |          |   |            |        |
|   |          |   |            |        |
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|   |          |   |            |        |

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Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC.

B.3 OPTIONS

Refer to Section H.1 for option hours available, cost and fee.

B.3.1 <u>IST YEAR OPTION</u> - As per paragraph H.1.1 the Government shall have the option to increase the number of hours by a maximum of 36,000 hours and may exercise this option in more than one increment. If exercised, any resultant CLIN or Sub-CLIN shall be awarded on a cost-plus-fixed-fee level-or-effort basis as follows:

B.3.1.1 Available Hours: \*20,292 @ \$83.81 (hourly rate)

B.3.1.2 Estimated Cost: \$2,744,640.00

B.3.1.3 Fixed Fee: \$ 272,520.00

B.3.1.4 Total Estimated Cost and Fee: \$3,017,160.00

\* Changed by Modification P00005

B.3.2 <u>2ND YEAR OPTION</u> - As per paragraph H.1.2, the Government shall have the option to increase the number of hours by a maximum of 36,000 hours and may exercise this option in more than one increment. If exercised, any resultant CLIN or Sub-CLIN shall be awarded on a cost-plus-fixed-fee level-or-effort basis as follows:

B.3.2.1 Available Hours: 36,000 @ \$85.51 (hourly rate)

B.3.2.2 Estimated Cost: \$2,800,440.00

B.3.2.3 Fixed Fee: \$ 277,920.00

B.3.2.4 Total Estimated Cost and Fee: \$3,078,360.00

B.3.3 <u>3RD YEAR OPTION</u> - As per paragraph H.1.3, the Government shall have the option to increase the number of hours by a maximum of 36,000 hours and may exercise this option in more than one increment. If exercised, any resultant CLIN or Sub-CLIN shall be awarded on a cost-plus-fixed-fee level-or-effort basis as follows:

B.3.3.1 Available Hours: 36,000 @ \$87.70 (hourly rate)

B.3.3.2 Estimated Cost: \$2,872,080.00

B.3.3.3 Fixed Fee: \$ 285,120.00

B.3.3.4 Total Estimated Cost and Fee: \$3,157,200.00

B.3.4 4TH YEAR OPTION - As per paragraph H.1.4, the Government shall have the option to increase the number of hours by a maximum of 36,000 hours and may exercise this option in more than one increment. If exercised, any resultant CLIN or Sub-CLIN shall be awarded on a cost-plus-fixed-fee level-or-effort basis as follows:

B.3.4.1 Available Hours: 36,000 @ \$89.85 (hourly rate)

B.3.4.2 Estimated Cost: \$2,942,640.00

B.3.4.3 Fixed Fee: \$ 291,960.00

B.3.4.4 Total Estimated Cost and Fee: \$3,234,600.00

B.3.5 5TH YEAR OPTION - As per paragraph H.1.5, the Government shall have the option to increase the number of hours by a maximum of 36,000 hours and may exercise this option in more than one increment. If exercised, any resultant CLIN or Sub-CLIN shall be

#### **Reference No. of Document Being Continued**

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Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC.

awarded on a cost-plus-fixed-fee level-or-effort basis as follows:

B.3.5.1 Available Hours: 36,000 @ \$92.35 (hourly rate)

B.3.5.2 Estimated Cost: \$3,024,360.00

B.3.5.3 Fixed Fee: \$ 300,240.00

B.3.5.4 Total Estimated Cost and Fee: \$3,324,600.00

\*\*\* END OF NARRATIVE B 003 \*\*\*

| CONTINUATION SHEET |   |          | TECT.        | ]       | Page 9 of 9       |            |                          |    |                      |  |  |  |
|--------------------|---|----------|--------------|---------|-------------------|------------|--------------------------|----|----------------------|--|--|--|
|                    |   |          |              |         | /SIIN DAAE07-03-C | MOD/AMD PO | MOD/AMD P00005           |    |                      |  |  |  |
| Name               | Name of Offeror or Contractor: ONEIL & ASSOCIATES, INC. |          |              |         |                   |            |                          |    |                      |  |  |  |
| SECTION            | G - CONTRACT ADMINI                                     | STRATION | I DATA       |         |                   |            |                          |    |                      |  |  |  |
| LINE<br>ITEM_      | PRON/<br>AMS CD/<br>MIPR                                | ACRN     | OBLG STAT/   |         | PRIOR AMOUNT      |            | INCREASE/DECREASE AMOUNT |    | CUMULATIVE<br>AMOUNT |  |  |  |
| 0006AA             | P136L0492T<br>31203700016<br>A13P30161C2T               | AD AD    | 2<br>3ZCRFV  | -<br>\$ | 0.00              | \$         | 5,000.00                 | \$ | 5,000.00             |  |  |  |
| 0007AA             | J632D475J6<br>51108309009<br>A13P50091CJ6               | AE       | 2<br>3ZHT12  | \$      | 0.00              | \$         | 50,000.00                | \$ | 50,000.00            |  |  |  |
| AA8000             | J045Z072J0<br>51106866006                               | AF       | 2<br>4SMTJ0  | \$      | 0.00              | \$         | 50,000.00                | \$ | 50,000.00            |  |  |  |
|                    |   |          |              |         | NET CHANGE        | \$         | 105,000.00               |    |                      |  |  |  |
| SERVICE            |   |          |              |         |                   |            | ACCOUNTING               |    | INCREASE/DECREASE    |  |  |  |
| NAME               | BY_ACRN   |          | OUNTING CLAS |         |                   | _          | STATION                  |    | AMOUNT               |  |  |  |
| Army               | AD  | 21       | 3203300003   |         |                   |            | W56HZV                   | \$ | 5,000.00             |  |  |  |
| Army               | AE  | 21       | 3203500003   |         |                   |            | W56HZV                   | \$ | 50,000.00            |  |  |  |
| Army               | AF  | 21       | 4203500004   | LC1C02P | 51106831E1 S2011  | 3          | W56HZV                   | \$ | 50,000.00            |  |  |  |

 PRIOR AMOUNT
 INCREASE/DECREASE
 CUMULATIVE

 OF AWARD
 AMOUNT
 OBLIG AMT

 NET CHANGE FOR AWARD:
 \$ 1,654,448.00
 \$ 105,000.00
 \$ 1,759,448.00

NET CHANGE \$ 105,000.00